MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-009870
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4000
2 2/69
3
4 1
5 2
6
7 1
8 1
9 4/200
10
11
12 41-0
13

41

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

Registration District No. 317 FILED MAR 13 1963 Primary Registration District No. 500 Registrar's No. 631

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch Mo
Length of stay in 1b: 86 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Robt Koch Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3307 Michigan
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Blanche Middle: Massarand Last:

4. DATE OF DEATH: Month: Feb Day: 23 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4-2-87

9. AGE (last birthday): 75

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): KANSAS

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Pratt

13b. MOTHER'S MAIDEN NAME: Annie Allen

14. NAME OF HUSBAND OR WIFE: Oliver Massarand deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital record Address: Robt Koch Hosp

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic encephalomalacea
DUE TO (b): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 24 '62 to Feb 23/63 and last saw her alive on Feb 23/63
Death occurred at 610 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Cohen MD

22b. ADDRESS: Robt Koch Hosp Koch Mo

22c. DATE SIGNED: 2/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: 2/26/63

23c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory

23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.: 2-25-63

26. REGISTRAR'S SIGNATURE: John C. Murphy Asst.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hadley P. Faelber Jr

Licensed Embalmer No. 1950

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.